

## Maine IHOC Pediatric Measures Master List with Numerator/Denominators

**Overview:** The Maine Improving Health Outcomes for Children (IHOC) Program recommends these Pediatric core measures based on clinical evidence and their broad base of support. The following contain alignment across NCQA/Quality organizations, AAP's Bright Futures Program/EPSTD, CMS priority areas (hearing, vision, dental and obesity) and the CHIPRA Core Quality Measures in February, 2011. These measures serve as a framework upon which other metrics can be added in the future. Members of the group who have reviewed these measures include: The Maine Chapter of the AAP Quality Improvement Committee: Mike Ross, MD, Husson Pediatrics, Steve DiGiovanni, MD, and Amy Belisle, MD; Quality Counts: Lisa Letourneau, MD; and the Maine CDC: Steve Meister, MD, MHSA, Medical Director, Family Health Division and member of the Maine EPSTD Committee, and Nath Anderson at the Muskie School of Public Service, USM. Members of the Measures and Practice Improvement Committee that are part of IHOC also reviewed these recommendations. The four Pediatric Patient Centered Medical Home (PCMH) sites will pilot collecting data on the first 29 measures on the list from their Electronic Medical Record (EMR). The next set (30 to 36) are claims based measures for the PCMH project. The final group of measures on the list (37 to 51) are CHIPRA required claims and EMR based measures (including hospital based measures) and a patient experience of care survey. These measures will be collected by the Muskie School of Public Service, USM, for children with MaineCare for reporting to MaineCare and the Federal Government, but are not currently being asked of the PCMH groups to collect on all children. The last measure (#52) will require coordination between the hospital setting and the outpatient practices.

Source	Link(s)
ACIP - Advisory Committee on Immunization Practices	<a href="http://www.cdc.gov/vaccines/recs/schedules/downloads/child/0-6yrs-schedule-pr.pdf">http://www.cdc.gov/vaccines/recs/schedules/downloads/child/0-6yrs-schedule-pr.pdf</a> <a href="http://www.cdc.gov/vaccines/recs/schedules/downloads/child/7-18yrs-schedule-pr.pdf">http://www.cdc.gov/vaccines/recs/schedules/downloads/child/7-18yrs-schedule-pr.pdf</a>
Bridges to Excellence (BTE) Asthma Program	<a href="http://www.bridgestoexcellence.org/Documents/BTE%20Asthma%20Care%20Recognition%20Clinician%20Guide%2005.24.10.pdf">http://www.bridgestoexcellence.org/Documents/BTE%20Asthma%20Care%20Recognition%20Clinician%20Guide%2005.24.10.pdf</a>
Bright Futures Periodicity Schedule (AAP)	<a href="http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf">http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf</a>
CHIPRA Core Set Technical Manual	<a href="https://www.cms.gov/MedicaidCHIPQualPrac/Downloads/CHIPRACoreSetTechManual.pdf">https://www.cms.gov/MedicaidCHIPQualPrac/Downloads/CHIPRACoreSetTechManual.pdf</a>
EPSTD (Early, Periodic Screening, Diagnosis and Treatment)	<a href="https://www.cms.gov/medicaidearlyperiodicscrn/01_Overview.asp">https://www.cms.gov/medicaidearlyperiodicscrn/01_Overview.asp</a>
Maine Childhood Lead Poisoning Prevention Program	<a href="http://www.maine.gov/dhhs/eohp/lead/providers.shtml">http://www.maine.gov/dhhs/eohp/lead/providers.shtml</a>
Maine Lead Poisoning Control Act	<a href="http://www.mainelegislature.org/legis/statutes/22/title22ch252.pdf">http://www.mainelegislature.org/legis/statutes/22/title22ch252.pdf</a>
Meaningful use, AAP Guide to Overview of Pediatric Measures	<a href="http://www.aap.org/informatics/MU-QualityReportingRequirements.pdf">http://www.aap.org/informatics/MU-QualityReportingRequirements.pdf</a>
National Quality Forum (NQF-endorsed measures)	<a href="http://www.qualityforum.org/QPS/">http://www.qualityforum.org/QPS/</a>
NCQA Measures (individual PDFs)	<a href="http://www.ncqa.org/tabid/1083/Default.aspx">http://www.ncqa.org/tabid/1083/Default.aspx</a>
U.S. Preventive Services Task Force (USPSTF)	<a href="http://www.ahrq.gov/clinic/uspstfix.htm">http://www.ahrq.gov/clinic/uspstfix.htm</a>

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
<b>EMR Measures - First priority for the PCMH</b>				
1	<b>Immunizations:</b> % of children who turn 2 yo who have at least 4 DTaP; 3 IPV, 1 MMR; 3 HiB; 3 Hep B; 1 VZV; 4 PCV; 2 Hep A; 2 or 3 RV; and 2 influenza vaccines by their 2nd birthday. The measure calculates a combination rate and eleven separate vaccine rates. <sup>1,2</sup>	<p><b>Denominator for all of the following:</b> The number of patients who turn 2 yo during the measurement year and are active patients at the practice.<sup>3</sup> For IHOC reports in ImmPact2, the denominator population is defined as children who were ages 24 through 35 months as of the end date of the measurement year; the end date is defined as the 15<sup>th</sup> of the previous month.</p> <p><b>1. Combination rate</b>  <b>Numerator:</b> The number of patients who turn 2 yo during the measurement year who have at least: 4 diphtheria, tetanus and acellular pertussis (DTaP); 3 polio (IPV), 1 measles, mumps, rubella (MMR), 3 H influenza type B (HiB), 3 Hepatis B (Hep B), 1 varicella (VZV) and 4 Pneumococcal (PCV), 2 Hepatitis A (Hep A), 2 or 3 rotavirus (RV), and 2 influenza by their 2nd birthday.</p> <p><b>1a. Four diphtheria, tetanus and acellular pertussis (DTaP)</b>  <b>Numerator:</b> The number of patients who turn 2 yo during the measurement year who have at least 4 DtaP.</p> <p><b>1b. Three polio (IPV)</b>  <b>Numerator:</b> The number of patients who turn 2 yo during the measurement year who have at least 3 IPV.</p> <p><b>1c. One measles, mumps and rubella (MMR)</b>  <b>Numerator:</b> The number of patients who turn 2 yo during the measurement year have at least 1 MMR.</p> <p><b>1d. Three H influenza type B (HiB)</b>  <b>Numerator:</b> The number of patients who turn 2 yo during the measurement year who have at least 3 HiB.</p> <p><b>1e. Three hepatitis B (HepB)</b>  <b>Numerator:</b> The number of patients who turn 2 yo during the measurement year who have at</p>	NCQA, CHIPRA (5), Meaningful use (38) <sup>4</sup> , Bright Futures, ACIP	Process

<sup>1</sup> For IHOC reports produced in ImmPact2, the numerator definitions for this measure follow ACIP guidelines which only count “valid” doses of vaccine; to be considered valid, vaccine doses must be administered between the minimum and maximum recommended ages, and for multiple dose vaccines, must be administered with the minimum recommended interval between doses. CHIPRA measure numerator specifications do not include all of the ACIP dose validation requirements, such as minimum between-dose intervals for IPV and HepB, nor the maximum age of 8 months for the final dose of RV. As a result, reports that use the CHIPRA specifications (e.g. CHIP Annual Report that is submitted to CMS) will not align exactly with IHOC reports produced by ImmPact2.

<sup>2</sup> Some children are excluded from the measure, such as those “with an anaphylactic reaction to one or more of the vaccines.” Please see CHIPRA Core Set Technical Manual for further details.

<sup>3</sup> The CHIPRA definition of “active patient” uses Medicaid (MaineCare) enrollment status, defining “active patient” as one who was enrolled in MaineCare for 12 months prior to the child’s second birthday, with no more than a one month gap in enrollment. For IHOC reports in ImmPact2, “active patient” is defined as all patients assigned to the practice who have not been flagged as MOGE (Moved or Gone Elsewhere).

<sup>4</sup> The 2010 Meaningful Use Definition used 2 HiB vaccines and CHIPRA has 3 HiB vaccines.

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
		<p>least 3 Hep B.</p> <p><b>1f. One varicella or chicken pox (VZV)</b>  <b>Numerator:</b> The number of patients who turn 2 yo during the measurement year who have at least 1 varicella vaccine.</p> <p><b>1g. Four pneumococcal conjugate (PCV)</b>  <b>Numerator:</b> The number of patients who turn 2 yo during the measurement year who have at least 4 pneumococcal conjugate (PCV).</p> <p><b>1h. Two hepatitis A (HepA)</b>  <b>Numerator:</b> The number of patients who turn 2 yo during the measurement year who have at least 2 Hep A.</p> <p><b>1i. Two rotavirus (RV)</b>  <b>Numerator:</b> The number of patients who turn 2 yo during the measurement year) who have at least 2 rotavirus.</p> <p><b>1j. Three rotavirus (RV)</b>  <b>Numerator:</b> The number of patients who turn 2 yo during the measurement year who have at least 3 rotavirus.</p> <p><b>1k. Two influenza (flu) vaccines</b>  <b>Numerator:</b> The number of patients who turn 2 yo during the measurement year who have at least 2 influenza vaccines.</p>		
2	<b>Immunizations:</b> % of children who have received their MMR, VZV, DTaP and IPV boosters by 6 yo; Report each vaccine separately and a combination rate.	<p><b>Numerator:</b> The number of patients who turn 6 yo during the measurement year who have had booster shots for MMR, Varicella, DTaP and IPV between 4 and 6 yo.</p> <p><b>Denominator:</b> The number of patients who turn 6 yo during the measurement and are active patients at the practice.<sup>5</sup> For IHOC reports in ImmPact2, the denominator population is defined as children who were ages 72 through 83 months as of the end date of the measurement year; the end date is defined as the 15<sup>th</sup> of the previous month.</p>	Bright Futures, ACIP	Process
3	<b>Immunizations:</b> % of adolescents who have had meningococcal vaccine and Tdap or Td by 13 yo; Report each vaccine separately and a combination rate.	<p><b>Numerator:</b> The number of patients who turn 13 yo during the measurement year who have received 1 MCV and 1 Tdap or 1 tetanus (Td) immunization.</p> <p><b>Denominator:</b> The number of patients who turn 13 yo during the measurement year and are active patients at the practice.<sup>6</sup> For IHOC reports in ImmPact2, the denominator population is defined as children who were ages 156 through 167 months as of the end date of the measurement year; the end date is defined as the 15<sup>th</sup> of the previous month.</p>	Bright Futures, CHIPRA (6) ACIP, NCQA	Process

<sup>5</sup> For IHOC reports in ImmPact2, “active patient” is defined as all patients assigned to the practice who have not been flagged as MOGE (Moved or Gone Elsewhere).

<sup>6</sup> The CHIPRA definition of “active patient” uses Medicaid (MaineCare) enrollment status, defining “active patient” as one who was enrolled in MaineCare for 12 months prior to the child’s 13<sup>th</sup> birthday, with no more than a one month gap in enrollment. For IHOC reports in ImmPact2, “active patient” is defined as all patients assigned to the practice who have not been flagged as MOGE (Moved or Gone Elsewhere).

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
4	<b>Immunizations:</b> % of adolescents who have completed the HPV series of 3 vaccines prior to their 13 <sup>th</sup> birthday.	<b>Numerator:</b> The number of patients who turn 13 yo during the measurement year who have completed the HPV series of 3 vaccines. <b>Denominator:</b> The number of patients who turn 13 yo during the measurement year and are active patients at the practice. <sup>7</sup> For IHOC reports in ImmPact2, the denominator population is defined as children who were ages 156 through 167 months as of the end date of the measurement year; the end date is defined as the 15 <sup>th</sup> of the previous month.	ACIP Bright Futures, CDC <sup>8</sup>	Process
5	<b>Healthy Weight:</b> % Yearly documentation at WCC of BMI % Report 3-11 yo, 12-<18 yo age groups and total. Report BMI stratification: underweight <5%; healthy weight: 5 to 84%;overweight: 85%-94%; obese 95%-98%, BMI>99% <sup>9</sup>	<b>5. Numerator:</b> Patients 3-<18 yo who had a visit during the measurement year who have evidence of Body Mass Index (BMI) percentile documentation. <b>Denominator:</b> Patients 3-<18 yo who had a visit during the measurement year. A systematic sample drawn from the eligible population for the Total age band (3–17 years). <b>5a. Numerator:</b> Patients 3-11 yo who had a visit during the measurement year who have evidence of Body Mass Index (BMI) percentile documentation. <b>Denominator:</b> Patients 3-11 yo who had a visit during the measurement year. A systematic sample drawn from the eligible population for the Total age band (3–<18yo). The Total sample is stratified by age to report rates for the 3–11 and 12–<18 age stratifications. <b>5b. Numerator:</b> Patients 12-<18 yo who had a visit during the measurement year who have evidence of Body Mass Index (BMI) percentile documentation. <b>Denominator:</b> Patients 12-<18 yo who had a visit during the measurement year.	CHIPRA (7) Bright Futures, NCQA, NHANES	Process
6	<b>Healthy Weight:</b> %2-<18 yo who had an outpatient visit with a PCP who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	<b>6a. Numerator:</b> Patients 3-11 yo who had a visit during the measurement year who have evidence of Body Mass Index (BMI) documentation and counseling for nutrition and physical activity during the measurement year. <b>Denominator:</b> Patients 3-11 yo who had a visit during the measurement year. <b>6b. Numerator:</b> Patients 12-<18 yo who had a visit during the measurement year who have evidence of Body Mass Index (BMI) percentile documentation and counseling for nutrition and physical activity during the measurement year. <b>Denominator:</b> Patients 12-<18 yo who had a visit during the measurement year. <b>6c. Numerator:</b> Patients 3-<18 yo, active patients, who had a wcc during the measurement year who had evidence of BMI percentile documentation and counseling for nutrition and physical activity during the measurement year <sup>10</sup> .	NCQA, Meaningful use (24), Bright Futures	Process

<sup>7</sup> For IHOC reporting using ImmPact2, “active patient” is defined as all patients assigned to the practice who have not been flagged as MOGE (Moved or Gone Elsewhere).

<sup>8</sup> [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a5.htm?s\\_cid=mm5920a5\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a5.htm?s_cid=mm5920a5_e)

<sup>9</sup> <http://www.cdc.gov/nchs/nhanes.htm>

<sup>10</sup> Healthy Habits (5210) Survey: covers counseling for nutrition and physical activity

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
		<b>Denominator:</b> Patients 3-<18 yo, active patients, who had an outpatient visit during the measurement year.		
7	<b>Developmental Screening:</b> % Documented use of a developmental screening tool by 12 mo	<b>Numerator:</b> Number of children who turn 12 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 6 mo and were screened with a standardized documented developmental tool <sup>11</sup> prior to turning 12 mo of age. <b>Denominator:</b> Number of children who turn 12 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 6 mo.	CHIPRA (8), Bright Futures, EPSDT	Process
8	<b>Developmental Screening:</b> % Documented use of a developmental screening tool by 24 mo	<b>Numerator:</b> Number of children who turn 24 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 12 mo and were screened with a standardized documented developmental tool <sup>12</sup> prior to turning 24 mo of age. <b>Denominator:</b> Number of children who turn 24 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 12 mo.	CHIPRA (8), Bright Futures, EPSDT	Process
9	<b>Developmental Screening:</b> % documentation of an autism-specific screening tool between 16-30 mo of age; Also report individual rates of screening 1 or 2 times	<b>Numerator:</b> Number of children who turn 30 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 14 mo and were screened 1 or 2 times with a standardized autism screening tool <sup>13</sup> between 16 mo and their 2nd birthday. <b>Denominator:</b> Number of children who turn 30 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 14 mo.	Bright Futures, EPSDT	Process
10	<b>Developmental Screening:</b> % Documented use of a developmental screening tool between 24-36 mo.	<b>Numerator:</b> Number of children who turn 3 yo old during the measurement year who were seen for a wcc or other PCP visit and were screened with a standardized documented developmental tool <sup>14</sup> in the 12 mo prior to 36 mo of age. <b>Denominator:</b> Number of children who turn 3 yo old during the measurement year who were seen for a wcc or other PCP visit in the 12 mo prior to turning 36 mo.	CHIPRA (8), Bright Futures, EPSDT	Process

<sup>11</sup> PEDS or ASQ are examples, target is screening at 9 mo wcc

<sup>12</sup> PEDS or ASQ are examples, target is screening at 18 mo wcc

<sup>13</sup> MCHAT I and II are examples- target is screening at 18-24 mo wcc

<sup>14</sup> PEDS or ASQ are examples- target is screening at 24-30 mo wcc

EMR - Second Priority for the PCMH				
11	<b>Hearing:</b> % of all children who received at least on 1 hearing test during / prior to age 6	<b>Numerator:</b> Total number of patients who turn 6 during the measurement year and were active patients in the practice since their 4th birthday who have at least one hearing test recorded in the chart. <b>Denominator:</b> Total number of patients who turn 6 during the measurement year and were active patients in the practice since their 4th birthday seen for a wcc.	EPSDT Bright Futures	Process
12	<b>Vision:</b> % of children ages 3-6 yo with a documented visual acuity	<b>Numerator:</b> Number of children ages 3, 4, 5, 6 during the measurement year and were seen for a wcc or PCP visit that have a documented visual acuity test in their chart. <b>Denominator:</b> Number of children ages 3, 4, 5, 6 during the measurement year and were seen for a wcc or PCP visit.	EPSDT Bright Futures	Process
13	<b>Vision:</b> % children with at least one documented visual acuity prior to age 6	<b>Numerator:</b> total number of patients who turn 6 during the measurement year and were active patients in the practice since their 3rd birthday and were seen for a wcc or PCP visit who have at least one documented visual acuity recorded in the chart. <b>Denominator:</b> Number of children who turn 6 during the measurement year and were active patients in the practice since their 3 <sup>rd</sup> birthday and were seen for a wcc or PCP visit <sup>15</sup> .	EPSDT Bright Futures USPSTF	Process
14	<b>Oral Health:</b> % of children with oral health risk assessment completed between ages 6 mo and 4 yo	<b>Numerator:</b> Total number of children ages 6 mo to 4 yo seen for a wcc or PCP visit in the past year with oral health risk assessment completed with classification as high/mod risk or low risk. <b>Denominator:</b> Total number of children ages 6 mo to 4 yo seen for a wcc or PCP visit in the past year.	MaineCare, EPSDT, Bright Futures	Process
15	<b>Oral Health:</b> % children with documentation of a dental home by 1 yo and then annual documentation until 4 yo (yes/no)	<b>Numerator:</b> Total number of children ages 6 mo to 23 mo of age seen for a wcc or PCP visit in the past year with dental home documentation completed either yes or no. <b>Denominator:</b> Total number of children ages 6 mo to 23 mo of age seen for a wcc or PCP visit in the past year. Numerator: Total number of children ages 24 mo to 35 mo of age seen for a wcc or PCP visit in the past year with dental home documentation completed either yes or no. Denominator: Total number of children ages 24 mo to 35 mo of age seen for a wcc or PCP visit in the past year. Numerator: Total number of children ages 36 mo to 47 mo of age seen for a wcc or PCP visit in the past year with dental home documentation completed either yes or no. Denominator: Total number of children ages 36 mo to 47 mo of age seen for a wcc or PCP visit in the past year.	MaineCare, EPSDT, Bright Futures, ADA, AAP, Maine Law about coverage <sup>16</sup>	Outcome

<sup>15</sup> <http://www.uspreventiveservicestaskforce.org/uspstf11/vischildren/vischldrs.htm>

<sup>16</sup> LD 1773 SP0680, An Act To Improve Dental Insurance Coverage for Maine Children. Signed 03/31/10, PUBLIC LAWS, Chapter 578.  
[http://mainelegislature.org/legis/bills/bills\\_124th/chapters/PUBLIC578.asp](http://mainelegislature.org/legis/bills/bills_124th/chapters/PUBLIC578.asp)

16	<b>Oral Health:</b> % of children with Fluoride Varnish Applied who had a high/moderate oral health risk assessment	<b>Numerator:</b> Total number of children ages 6 mo to 4 yo seen for a wcc or PCP visit in the past year with high/moderate risk on the oral health risk assessment with fluoride varnish applied. <b>Denominator:</b> Total number of children ages 6 mo to 4 yo seen for a wcc or PCP visit in the past year with high/moderate risk on the oral health risk assessment including all children enrolled in MaineCare.	MaineCare, EPSDT, Bright Futures	Process
17	<b>Lead:</b> % of all children with whom a lead risk assessment questionnaire was done to determine a child's level of risk between 12 - 23 mo	<b>Numerator:</b> Number of children who turn 24 mo during the measurement year who were seen for a wcc or other PCP visit in the last 12 mo who had a lead screening questionnaire completed on or before the child's second birthday. <sup>17</sup> <b>Denominator:</b> Number of children who turn 24 mo during the measurement year who were seen for a wcc or other PCP visit in last 12 mo.	Maine Lead Screening Program, Maine Law, Bright Futures	Process
18	<b>Lead:</b> % children enrolled in MaineCare that had a venous or capillary blood sample tested for lead between 12 - 23 mo <sup>18</sup>	<b>Numerator:</b> Number of children enrolled in MaineCare who turn 24 mo during the measurement year who had a lead test completed on or before the child's second birthday. <b>Denominator:</b> Number of children enrolled in MaineCare who turn 24 mo during the measurement year.	Maine Lead Screening Program, Maine Law, USPSTF	Process

<sup>17</sup> Use the following lead risk questionnaire to determine a child's level of risk at 12 mo and 24 mo of age:

- Does your child spend more than 10 hours per week in any house built before 1950?
- Does your child spend more than 10 hours per week in any house built before 1978 that was renovated or remodeled within the past 6 mo?
- Does your child spend time with an adult whose job exposes him or her to lead? (Examples: construction, painting, metalwork)
- Is your child enrolled in MaineCare? (All children with MaineCare need a blood lead test performed.)

If the parent answers "yes" or "I don't know" to any of these questions, a blood lead test should be performed.

In addition to testing children on the basis of risk, consider testing for lead exposure in:

- Children diagnosed with pica, developmental delays, behavioral problems or ADHD
- Children presenting with unexplained illness such as severe anemia, lethargy or abdominal pain

<sup>18</sup> <http://www.uspreventiveservicestaskforce.org/uspstf06/lead/leadsum.htm> The section states: "Medicaid's Early and Periodic Screening, Diagnostic, and Treatment Program requires that all children be considered at risk and must be screened for lead poisoning. CMS requires that all children receive a screening blood lead test at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning. At this time, states may not adopt a statewide plan for screening children for lead poisoning that does not require lead screening for all Medicaid-eligible children."

19	<b>Lead:</b> % of all children with whom a lead risk assessment questionnaire was used to determine a child's level of risk between 24 - 35 mo	<b>Numerator:</b> Number of children who turn 36 mo during the measurement year who were seen for a wcc or other PCP visit in the last 12 mo who had a lead screening questionnaire completed on or before the child's third birthday. <b>Denominator:</b> Number of children who turn 36 mo during the measurement year who were seen for a wcc or other PCP visit in the last 12 mo.	Maine Lead Screening Program, Maine Law, Bright Futures	Process
20	<b>Lead:</b> % of children enrolled in MaineCare who had a venous or capillary blood sample test for lead between 24 - 35 mo <sup>19</sup>	<b>Numerator:</b> Number of children enrolled in MaineCare who turn 36 mo during the measurement year who had a lead test completed on or before the child's third birthday. <b>Denominator:</b> Number of children enrolled in MaineCare who turn 36 mo during the measurement year.	Maine Lead Screening Program, Maine Law, USPSTF	Process
21	<b>Lead:</b> % of all children enrolled in MaineCare who have had 2 lead tests by 36 mo	<b>Numerator:</b> Number of children enrolled in MaineCare who turn 36 mo during the measurement year who had 2 lead tests completed on or before the child's third birthday. <b>Denominator:</b> Number of children enrolled in MaineCare who turn 36 mo during the measurement year.	Maine Lead Screening Program, Maine Law	Process
22	<b>Anemia:</b> % of children enrolled in MaineCare who had a test for anemia between 12 – 23 mo and 24 – 35 mo	<b>22a. Numerator:</b> Number of children enrolled in MaineCare who turn 24 mo during the measurement year who had an hemoglobin/hematocrit (H/H) completed on or before the child's second birthday. <b>Denominator:</b> Number of children enrolled in MaineCare who turn 24 mo during the measurement year. <b>22b. Numerator:</b> Number of children enrolled in MaineCare who turn 36 mo during the measurement year who had an hemoglobin/hematocrit (H/H) completed on or before the child's third birthday. <b>Denominator:</b> Number of children enrolled in MaineCare who turn 36 mo during the measurement year.	EPSDT Committee, Bright Futures	Process

<sup>19</sup> See footnote 17 above.



Asthma Measures from EMR - Priority for Maine Health Management Coalition(MHMC) Pathways to Excellence Program				
23	<b>Asthma Assessment and Classification:</b> % of patients with a diagnosis of asthma who were evaluated during at least one office visit within 12 mo for daytime and nocturnal asthma symptoms. (ages 2-<5 yo and 5-40 yo)	<p><b>23a. Numerator:</b> Total number of children 2-&lt;5 yo with a diagnosis of asthma (who have been seen for at least 2 office visits) who were evaluated during at least one office visit within 12 mo for the frequency (numeric) of daytime and nocturnal asthma symptoms.<sup>20</sup></p> <p><b>Denominator:</b> Total number of children 2-&lt;5 yo with asthma seen in the practice within the last 12 mo who have been seen for at least 2 office visits.</p> <p><b>23b. Numerator:</b> Total number of patients 5-40 yo<sup>21</sup> with a diagnosis of asthma (who have been seen for at least 2 office visits) who were evaluated during at least one office visit within 12 mo for the frequency (numeric) of daytime and nocturnal asthma symptoms.<sup>22</sup></p> <p><b>Denominator:</b> Total number of patients with asthma 5-40 yo seen in the practice within the last 12 mo who have been seen for at least 2 office visits.</p>	Meaningful use (1) (5-40 yo),BTE, AMA	Process
24	<b>Lung Function Testing:</b> % of patients 5-75 yo in which spirometry results have been obtained within 2 yr	<p><b>Numerator:</b> Number of patients 5-75 yo with asthma who have had spirometry completed in the last 2 yr .</p> <p><b>Denominator:</b> Total number of active patients 5-75 yo with asthma seen in the practice within 2 yr prior to report date.</p>	BTE, NHLBI 2007 <sup>23</sup>	Process
25	<b>Medication Therapy:</b> % of patients 2-50 <sup>24</sup> who were identified as having persistent asthma and were appropriately prescribed controller medication (2-<5 yo, 5-11 yo, 12-50 yo and total) <sup>25</sup>	<p><b>25. Numerator:</b> Total number of patients age 5-50 during the measurement year identified with persistent asthma who were appropriately prescribed controller medication during the measurement year.</p> <p><b>Denominator:</b> Total number of patients age 5-50 during the measurement year identified with persistent asthma.</p> <p><b>25a. Numerator:</b> Number of patients age 2-&lt;5 during the measurement year identified with persistent asthma who were appropriately prescribed controller medication during the measurement year.</p> <p><b>Denominator:</b> Total number of patients age 2-&lt;5 during the measurement year identified with</p>	BTE, Meaningful use (36), NCQA	Process

<sup>20</sup> Recommend using TRACK < 4 years of age as a validated instrument to assess asthma control

<sup>21</sup> Recognizing that most pediatric groups will see children <21 years of age, the age of 40 is from the Meaningful use criteria.

<sup>22</sup> Recommend using ACT > 4 years old as a validated instrument to assess asthma control

<sup>23</sup> NHLBI 2007 Guidelines: The Expert Panel recommends the following frequencies for spirometry measurements:

(1) at the time of initial assessment (Evidence C); (2) after treatment is initiated and symptoms and PEF have stabilized, to document attainment of (near) “normal” airway function; (3) during a period of progressive or prolonged loss of asthma control; and (4) at least every 1–2 years to assess the maintenance of airway function (Evidence B,extrapolation from clinical trials). Spirometry may be indicated more often than every 1–2 years, depending on the clinical severity and response to management (Evidence D). These spirometry measures should be followed over the patient’s lifetime to detect potential for decline and rate of decline of pulmonary function over time (Evidence C).

<sup>24</sup> Recognizing that most practices will have children < 21 years of age, the Meaningful use criteria is 50 yo.

<sup>25</sup> Meaningful use defines 2 age groups (5-11, 12-50 yo)

		<p>persistent asthma.</p> <p><b>25b. Numerator:</b> Total number of patients age 5-&lt;12 during the measurement year identified with persistent asthma who were appropriately prescribed controller medication during the measurement year.</p> <p><b>Denominator:</b> Total number of patients age 5-&lt;12 during the measurement year identified with persistent asthma.</p> <p><b>25c. Numerator:</b> Total number of patients age 12-50 during the measurement year identified with persistent asthma who were appropriately prescribed controller medication during the measurement year.</p> <p><b>Denominator:</b> Total number of patients age 12-50 during the measurement year identified with persistent asthma.</p> <p><b>25d. BTE: Numerator:</b> Total number of patients age 5-50 during the measurement year identified with persistent asthma who were appropriately prescribed controller medication during the measurement year.</p> <p><b>Denominator:</b> Total number of patients age 5-50 during the measurement year identified with persistent asthma.</p>		
26	<b>Influenza Vaccination:</b> % of patients 2-75 yo with a diagnosis of asthma who have received a flu shot within the past 12 mo	<p><b>Numerator:</b> Total number of patients with asthma 2-&lt;5 yo seen in the practice within 12 mo with flu shot administered.</p> <p><b>Denominator:</b> Total number of active patients 2-&lt;5 yo with asthma seen in the practice within 12 mo prior to report date.</p> <p><b>Numerator:</b> Total number of patients with asthma ages 5-75 seen in the practice within 12 mo with flu shot administered.</p> <p><b>Denominator:</b> Total number of active patients 5-75 yo with asthma seen in the practice within 12 mo prior to report date.</p>	BTE, ACIP	Process
27	<b>Patient Self-Management Plan:</b> % of patients with asthma, 2-75 yo, that have a current written action plan on file updated within the last year	<p><b>Numerator:</b> Number of patients 2-&lt;5 yo with asthma with a written action plan<sup>26</sup> given and reviewed at visit and updated within last year.</p> <p><b>Denominator:</b> Total number of patients 2-&lt;5 yo with asthma seen in the practice within 12 mo prior to report date.</p> <p><b>Numerator:</b> Number of patients 5-75 yo with asthma with a written action plan<sup>27</sup> given and reviewed at visit and updated within last year.</p> <p><b>Denominator:</b> Total number of patients 5-75 yo with asthma seen in the practice within 12 mo prior to report date.</p>	BTE	Process

<sup>26</sup> An asthma action plan (also called a management plan) is a written plan that is developed by a provider with a family that outlines a patient's medical therapy and asthma symptoms that warrant further treatment or action.

<sup>27</sup> An asthma action plan (also called a management plan) is a written plan that is developed by a provider with a family that outlines a patient's medical therapy and asthma symptoms that warrant further treatment or action.

28	<b>Smoking cessation Advice and Treatment:</b> a. % Yearly documentation of tobacco status use for 13-<18 yo b. % of tobacco users 13-<18 yo who received documented tobacco cessation counseling	<b>28a. Numerator:</b> Total number of children 13-<18 yo seen for a WCC or PCP visit in the past year with documentation of tobacco use status. <b>Denominator:</b> Total number of children 13-<18 yo seen for a WCC or PCP visit in the past year. <b>28b. Numerator:</b> Total number of children 13-<18 yo YES for tobacco use who received tobacco cessation counseling. <b>Denominator:</b> Total number of children 13-<18 yo with documentation of tobacco status YES.	BTE	Process
29	a. % Yearly documentation of tobacco status use for 18-75 yo b. % of tobacco users 18-75 yo who received documented tobacco cessation counseling	<b>29a. Numerator:</b> Total number of patients 18-75 yo seen for at least 2 office visits with documentation of tobacco use status one or more times within 24 months. <b>Denominator:</b> Total number of patients 18-75 yo seen for a WCC or PCP visit in the past year. <b>29b. Numerator:</b> Total number of patients 18-75 yo who answered YES for tobacco use in the past 24 months who received tobacco cessation counseling. <b>Denominator:</b> Total number of patients 18-75 yo with documentation of tobacco status YES within 24 months.	BTE, Meaningful use (27, 28a, 28b) (ages 18 and older)	Process
<b>Claims Based Measures for the PCMH, Currently being collected by Muskie School of Public Service</b>				
30	<b>PHARYNGITIS:</b> % of children 2-<18 yo who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	<b>Numerator:</b> Number of children who had a strep test administered in the 7 day period from 3 days prior though 3 days after the first presentation of illness. <b>Denominator:</b> children 2-<18 yo who had an outpatient visit with a diagnosis of pharyngitis and were dispensed an antibiotic, who were active patients in the practice 30 days prior to the episode date through 3 days after the episode date.	NCQA, CHIPRA (15), Meaningful use (2), BTE	Process
31	<b>WCC:</b> % of children with 6 or more wcc in the first 15 mo	<b>Numerator:</b> The number of children who received 0,1,2,3,4,5,6 or more well child care (wcc) with a PCP during their first 15 mo. <b>Denominator:</b> Children who turn 15 mo during the measurement year. An active patient in the practice 31 d-15 mo of age.	NCQA, CHIPRA (10), Bright Futures	Process
32	<b>WCC:</b> % of children who received wcc at 15, 18 and 24 mo	<b>Numerator:</b> The number of children who received who received 0, 1, 2, 3 wcc with a PCP from 15 mo of age to their 3 yr birth date. <b>Denominator:</b> Children who turn 3 yo during the measurement year. An active patient in practice from 15 mo to three yo.	Bright Futures	Process

33	<b>WCC:</b> % of children 3-6 yo with at least one wcc/year	<b>Numerator:</b> Number of patients in 3rd, 4th, 5th, 6th year of life who received at least one wcc visit during the measurement year. <b>Denominator:</b> Number of active patients in practice in the 3rd, 4th, 5th, 6th year of life during the measurement year. Anchor date: Dec 31st of Measurement year.	NCQA, CHIPRA (11), Bright Futures	Process
34	<b>WCC:</b> % of children 7-11 yo with at least one wcc/year	<b>Numerator:</b> Number of patients in 7th, 8th, 9th, 10th and 11th year of life who received at least one wcc visit during the measurement year. <b>Denominator:</b> Number of active patients at the practice in the 7th, 8th, 9th, 10th and 11th year of life during the measurement year. Anchor date: Dec 31st of Measurement year.	Bright Futures	Process
35	<b>WCC:</b> % of children 12-21 yo with at least one wcc/year	<b>Numerator:</b> Number of active patients at the practice in the 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st year of life who received at least one wcc during the measurement year. <b>Denominator:</b> Number of active patients at the practice in the 12th, 13th, 14th, 15th, 16 <sup>th</sup> , 17th, 18th, 19th, 20th and 21st year of life during the measurement year. Anchor date: Dec 31st of measurement year.	NCQA, Bright Futures, CHIPRA (12)	Process
36	<b>ADHD FOLLOW-UP:</b> % of children 6-12 yo who had at least 2 follow-up visits within 9 mo after initiation of ADHD medication	<b>Numerator:</b> Children 6-12 yo at the start of medication for ADHD, who in addition to the visit in the initial visit, had at least two follow-up visits with a practitioner within 9 mo after the initiation of medication. <b>Denominator:</b> Children 6-12 yo at the start of medication, with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 9 mo after starting treatment.	NCQA CHIPRA (21)	Process
<b>Claims Based Measures Not Being Recommended for PCMH, but are CHIPRA Measures and will be collected by Muskie</b>				
37	<b>Chlamydia Screening for Women</b>	<b>Numerator:</b> At least one Chlamydia test during the measurement year. <b>Denominator:</b> Women 16-20 yrs of age as of Dec 31st of the measurement year who were identified as sexually active. Continuous enrollment - the measurement year.	CHIPRA (9) NCQA, Meaningful Use	
38	<b>Preventive Dental:</b> Total eligibles receiving preventive dental services (EPSDT measure Line 12B)	<b>Numerator:</b> The total unduplicated number of children receiving dental treatment services defined by HCPC codes D1000-D1999 (ADA codes D1000-D1999). <b>Denominator:</b> The total no. of children shown on line 12b of the CMS-416 Form which represents the total unduplicated number of all individuals under age 21 determined to be eligible for EPSDT services. Unduplicated means each child is counted only once for the purposes of this line if multiple services were received.	CHIPRA (13), CMS	
39	<b>Dental Treatment:</b> Total EPSDT eligibles who received dental treatment services (EPSDT CMS Form 416, Line 12C)	<b>Numerator:</b> The total unduplicated number of children receiving dental treatment services defined by HCPC codes D2000-D9999 (ADA/CDT codes 02000-09999). <b>Denominator:</b> The total no. of children shown on line 12c of the CMS-416 Form which represents the total unduplicated number of all individuals under age 21 determined to be eligible for EPSDT services. Unduplicated means that each child is counted only once for purposes of this line if multiple services were received.	CHIPRA (17)	
40	<b>OME:</b> Otitis Media with Effusion - avoidance of inappropriate use of systemic antimicrobials – ages 2-12	<b>Numerator:</b> Number of patients who were not prescribed systemic antimicrobials. <b>Denominator:</b> All patients ages 2 mos-12 yrs with a diagnosis of Otitis Media with Effusion.	CHIPRA (16), AMA	

41	<b>Emergency Department (ED) Utilization:</b> Average number of ED visits per member per reporting period	<b>Numerator:</b> Number of visits per member per year. <b>Denominator:</b> All child and adolescent members enrolled and eligible during the measurement year.	CHIPRA (18)	
42	<b>Asthma ED visits:</b> Annual number of asthma patients ages 2 through 20 with ≥ 1 asthma related ER visit	<b>Numerator:</b> Number of children ≥ 2 year old in the denominator sample who had ≥ 1 ER visit(s) during the measurement year (March 1 through February 28th) where the primary diagnosis assigned on the claim was asthma. <b>Denominator:</b> All children ≥ 2 yr old diagnosed with asthma or are on at least two short-acting beta adrenergic agents during the measurement year.	CHIPRA (20)	
43	<b>Hemoglobin A1C:</b> Annual hemoglobin A1C testing (all children and adolescents diagnosed with diabetes)	<b>Numerator:</b> The number of patients in the denominator sample who have documentation of date and result for the most recent HbA1c test during the 12-month reporting period. <b>Denominator:</b> A systematic sample of patients, ages 5-17, with a diagnosis of diabetes and/or notation of prescribed insulin/oral hypoglycemics/ antihyperglycemics for at least 12 months. This is defined by documentation of a face-to-face visit for diabetes care between the physician and patient that predates the most recent visit by at least 12 months.	CHIPRA (22)	
44	<b>Follow up after hospitalization for mental illness</b>	<b>Numerator:</b> People in the denominator without an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 or 30 days after discharge (two rates). <b>Denominator:</b> Members 6 yrs of age or older who were hospitalized for treatment of selected mental health disorders and discharged. Continuous enrollment date of discharge through 30 days after discharge.	CHIPRA( 23), NCQA	
45	<b>Children and adolescents' access to primary care practitioners (PCP), by age and total</b>	<b>Numerator:</b> Number of members in each age stratification who had at least a visit with a PCP. <b>Denominator:</b> Children who fall into the following age groups: 12-24 months, 25 months-6 yrs, 7-11 yrs, 12-19 yrs as of December 31 of the measurement year. Continuous enrollment – for 12-24 months, 25 months-6 yrs, the measurement year; for 7-11 yrs, 12-19 yrs, the measurement year and the year prior to the measurement year .	CHIPRA (14), NCQA	
<b>Hospital Based Measures for CHIPRA, not for the PCMH that will be collected by Muskie</b>				
46	<b>Frequency of Ongoing Prenatal Care</b>	<b>Numerator:</b> Women in the denominator sample who had an unduplicated count of less than 21%, 21-40%, 41-60%, 61-80%, or more than 81% of expected visits, adjusted for the month of pregnancy at enrollment and gestational age. <b>Denominator:</b> Medicaid-enrolled women who delivered a live birth on/between Nov 6 of the yr prior to measurement yr & Nov 5 of the measurement yr. Continuous enrollment 43 days prior to delivery through 56 days after delivery. Data can be reported separately for adolescent women.	CHIPRA (2) NCQA/HEDIS	
47	<b>Prenatal and Postpartum Care:</b>	<b>Numerator:</b> Number of women in the denominator sample who had a prenatal visit in the first trimester or within 42 days of enrollment.	CHIPRA (1), NCQA/HEDIS	

	<b>Timeliness of Prenatal Care</b>	<b>Denominator:</b> All deliveries during the measurement year. Continuous enrollment 43 days prior to delivery through 56 days after delivery. Data can be reported separately for adolescent women.		
48	<b>% of Live Births weighing &lt; 2,500 grams</b>	<b>Numerator:</b> Number of resident live births less than 2500 grams. <b>Denominator:</b> Number of resident live births in the State reporting period. Data can be reported separately for adolescents.	CHIPRA (3), CDC, NVSS	
49	<b>% Cesarean rate for nulliparous singleton vertex</b>	<b>Numerator:</b> Number of women who had a cesarean section among women with first live singleton births (also known as nulliparous term singleton (NTSV) births) at 37 weeks of gestation or later. <b>Denominator:</b> First live singleton births ≥ 37 weeks gestation with vertex presentation (no breech/transverse fetal positions).	CHIPRA (4)	
50	<b>% Pediatric central-line associated blood stream infections - Neonatal Intensive Care Unit and Pediatric Intensive Care Unit</b>	<b>Numerator:</b> Number of catheter-associated blood stream infections identified during the month selected for surveillance. <b>Denominator:</b> Number of central line days during the month selected for surveillance.	CHIPRA (19), CDC	
<b>Survey Based Measure</b>				
51	<b>HEDIS CAHPS® 4.0 instruments including supplements for children with chronic conditions and Medicaid plans</b>	This measure provides information on parents' experience with their child's health plan. Results summarize member experiences through ratings, composites and individual question summary rates. Topics covered in the survey include: rating of all health care and personal doctor, customer service, getting care quickly, getting needed care, how well doctors communicate, shared decision making, family centered care, coordination of care for children with chronic conditions, and access to prescription medicines. <b>Denominator:</b> All children enrolled in MaineCare during measurement period.	CHIPRA (24), NCQA	
<b>Hospital Based Measure that would require coordination with the infant's medical home</b>				
52	<b>% of newborn infants that have had a hearing screen prior to 1 mo of age % of infants who did not pass the newborn hearing screen that had an audiologic evaluation by 3 mo of age<sup>28</sup></b>	<b>Numerator:</b> Number of infants in the measurement year who had a hearing screen prior to 1 mo of age. <b>Denominator:</b> Number of infants born in the measurement year. <b>Numerator:</b> Number of infants in the measurement year who did not pass the newborn hearing test at 1 mo of age, who that had an audiologic evaluation by 3 mo of age. <b>Denominator:</b> Number of infants born in the measurement year who did not pass the newborn hearing test at 1 mo of age seen for a 4 mo wcc.	USPSTF <sup>29</sup>	

<sup>28</sup> Universal newborn hearing tests are currently reported in the CHILDLINK program. The issue is how to capture the children who do not pass the test and need to get an audiologic examination by 3 mo of age and to coordinate follow-up with the infant's medical home.

<sup>29</sup> <http://www.uspreventiveservicestaskforce.org/uspstf08/newbornhear/newbhearrs.htm>

**Master IHOC Pediatric Measures List by Topic, Source, and Potential Partners**

Highlighted Measures Are Currently Claims but Moving Towards EMR with Meaningful Use or Need for Better Data Source

	Claims		EMR		Potential Partners		
<b><u>Preventive Care: Bright Futures</u></b>	CHIPRA	PCPIP/ UR	CHIPRA	All measures	MHMC	CDC	PCMH/Quality Counts
WCC	x						x
Access to PCP	x						
Immunizations			x	x	x	x	x
Healthy Weight			x	x			x
Developmental Screening			x	x			x
<b>Lead</b>		x		x		x	x
Hearing				x			x
Vision				x			x
Anemia				x		x	x
Dental Care:							
Preventive Dental services	x						
Dental Treatment	x						
Dental Home				x			x
Oral Health Risk Assessment				x			x
Fluoride Varnish				x			x
<b><u>Chronic Care</u></b>							
Asthma				x	x		x
Asthma ED Visits	x						
Asthma Hospitalizations		x					
Diabetes - Hemoglobin A1C	x						
ED utilization	x						
Hospitalizations		x					
<b><u>Acute Care</u></b>							
Pharyngitis	x		x	x			x
OME	x						
Chlamydia	x		x				
<b><u>Behavioral Health</u></b>							
Mental Health Follow-Up	x						
ADHD Follow-up	x		x	x			x

Hospital Based CHIPRA Measures			Potential Partners		
	Claims	EMR	PICU/NICU Directors	CDC	CHILDLINK
Prenatal Care-Frequency and Timing		x		x	
Live Births <2500 g		x		x	
Cesarean rate for nulliparous singleton vertex		x		x	
NICU/PICU central line infections		x	x?		
Follow-up audiology exam for a infant who did not pass a newborn hearing test by 3 mo of age	x	x			x?